



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ECBM LP 300 Conshohocken State Rd Suite 405 West Conshohocken PA 19428	CONTACT NAME: Barbara Shaw
	PHONE (A/C No, Ext): (610) 668-7100 FAX (A/C, No): (610) 667-2208
INSURED Devereux Foundation 2012 Renaissance Boulevard King of Prussia PA 19406	E-MAIL ADDRESS: bshaw@ecbm.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Homeland Insurance Co. of NY 34452
	INSURER B: Zurich American Ins Co 16535
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

RECEIVED

JUL 08 2013

FISCAL ANALYST
PUPIL SERVICES: SPECIAL ED

COVERAGES CERTIFICATE NUMBER: 13-14 M ALL EXCL UMB REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	MPP-5447-13	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Sexual Abuse/Molestation					PERSONAL & ADV INJURY \$ 4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 12,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMPIOP AGG \$ 12,000,000
B	AUTOMOBILE LIABILITY		BAP02936363-13	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$
DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	WC 2936362-13	7/1/2013	7/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		MPP-5447-13	7/1/2013	7/1/2014	Each Claim \$4,000,000 Aggregate \$12,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Mount Diablo Univied School District, its officers, officials, agents, employees and volunteers are included as additional insured under General Liability per Endorsement HPL-P-DEVXI 08/08 (attached) and Auto Liability only with respect to the negligent acts by the Named Insured in the performance of their agreed upon duties.

CERTIFICATE HOLDER Mount Diablo Unified School District Attn: Christine Wilburn, Admin. Asst. 1936 Carlotta Dr. Concord, CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE J Shefsky, CPCU, ARM/

ENDORSEMENT NO. 1

HEALTH CARE ORGANIZATIONS AND PROVIDERS
PROFESSIONAL LIABILITY, GENERAL LIABILITY AND
EMPLOYEE BENEFIT LIABILITY POLICY

AMEND DEFINITION OF "INSURED" TO INCLUDE ADDITIONAL
INDIVIDUALS

This Endorsement, which is effective at 12:01 a.m. 7/1/13, forms part of

Policy No. MPP-5447-13
Issued to Döyereix Foundation
Issued by Homeland Insurance Company of New York

In consideration of the premium charged, the term "Insured," as defined in Section II Definitions of this Policy, is amended to include the following person(s) (each an "Additional Insured"), but only with respect to the specific activities and/or liabilities set forth opposite the name of each such individual:

<u>Additional Insured</u>	<u>Insured Activity/Liability</u>
Foster Parents	Activities performed by or on behalf of the Named Insured
Funding Sources	Activities performed by or on behalf of the Named Insured and/or their placement of clients with the Named Insured
Governmental Agencies	Activities performed on behalf of the Named Insured and/or their placement of clients with the Named Insured
Landlords	Liability arising out of the negligence and/or legal liability of the Named Insured
Lessors or Managers of Premises	Liability arising out of the negligence and/or legal liability of the Named Insured
Lessors of Leased Equipment	Liability arising out of the negligence and/or legal liability of the Named Insured

All other terms, conditions and limitations of the Policy shall remain unchanged.